

**ELIM LUTHERAN CHURCH
ENDOWMENT FOR MISSION GRANT APPLICATION
2018-19**

1. Applicant: _____

2. Organization(s) represented: _____

3. Address: _____

4. Primary Phone: _____

5. E-mail: _____

1. Date application submitted: _____

PROJECT TITLE: _____

Brief description of project and who will be served:

Why is this project needed?

Note: Further information of up to 1 additional typed (12 pt.) page may be attached to this application.

*Amount requested: \$ _____ Date needed _____

*Project funding requested from: () Endowment only () Multiple sources

*Money will be used to purchase: () Materials () Labor () Other: _____

*Project is: () New () Ongoing () Affiliated with Elim Lutheran

If requested, would you be available to appear in person before the Endowment Committee to discuss this project further? () Yes () No